

 Potential Hazardous Waste Site Preliminary Assessment Form		Identification	
		State: <u>OH</u>	CERCLIS Number: <u>D001820442</u>
		CERCLIS Discovery Date:	
1. General Site Information			
Name: <u>General Motors Corp.</u> <u>New Departure Hyatt Division</u>		Street Address: <u>2509 Hayes Ave.</u>	
City: <u>Sandusky</u>	State: <u>OH</u>	Zip Code: <u>44870</u>	County: <u>Erie</u>
Latitude: <u>41° 26' 00.0" W</u>		Longitude: <u>82° 42' 55.1" N</u>	
Approximate Area of Site: <u>4</u> Acres		Status of Site: <input type="checkbox"/> Active <input type="checkbox"/> Not Specified <input checked="" type="checkbox"/> Inactive <input type="checkbox"/> NA (GW plume, etc.)	
2. Owner/Operator Information			
Owner: <u>Same</u>		Operator: <u>Same</u>	
Street Address:		Street Address:	
City:		City:	
State:	Zip Code:	Telephone:	()
Type of Ownership: <input checked="" type="checkbox"/> Private <input type="checkbox"/> Federal Agency Name: _____ <input type="checkbox"/> State <input type="checkbox"/> Indian		How Initially Identified: <input type="checkbox"/> Citizen Complaint <input type="checkbox"/> PA Petition <input type="checkbox"/> State/Local Program <input checked="" type="checkbox"/> RCRA/CERCLA Notification	
3. Site Evaluator Information			
Name of Evaluator: <u>Ralph Baker</u>	Agency/Organization: <u>Ohio EPA</u>	Date Prepared: <u>8/28/92</u>	
Street Address: <u>P.O. Box 466</u>		City: <u>Bowling Green</u>	State: <u>OH 43402</u>
Name of EPA or State Agency Contact: <u>Laura Fay</u>		Street Address: <u>P.O. Box 1049</u>	
City: <u>Columbus</u>	State: <u>OH</u>	Telephone: <u>(614) 644-2294</u>	
4. Site Disposition (for EPA use only)			
Emergency Response/Removal Assessment Recommendation: <input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____	CERCLIS Recommendation: <input type="checkbox"/> Higher Priority SI <input type="checkbox"/> Lower Priority SI <input type="checkbox"/> NFRAP <input type="checkbox"/> RCRA <input type="checkbox"/> Other _____ Date: _____	Signature: Name (typed): Position:	





Potential Hazardous Waste Site
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CERCLIS Number:

5001680442

5. General Site Characteristics

Predominant Land Uses Within 1 Mile of Site (check all that apply):

- ☒ Industrial ☒ Agriculture ☐ DOI
☒ Commercial ☐ Mining ☐ Other Federal Facility
☒ Residential ☐ DOD
☐ Forest/Fields ☐ DOE ☐ Other _____

Site Setting:

- ☒ Urban
☐ Suburban
☐ Rural

Years of Operation:

Beginning Year 1947

Ending Year 1960

☐ Unknown

Type of Site Operations (check all that apply):

☒ Manufacturing (must check subcategory)

- ☐ Lumber and Wood Products
☐ Inorganic Chemicals
☐ Plastic and/or Rubber Products
☐ Paints, Varnishes
☐ Industrial Organic Chemicals
☐ Agricultural Chemicals
(e.g., pesticides, fertilizers)
☐ Miscellaneous Chemical Products
(e.g., adhesives, explosives, ink)

- ☐ Primary Metals
☐ Metal Coating, Plating, Engraving
☐ Metal Forging, Stamping
☐ Fabricated Structural Metal Products
☐ Electronic Equipment
☒ Other Manufacturing

☐ Mining

- ☐ Metals
☐ Coal
☐ Oil and Gas
☐ Non-metallic Minerals

- ☐ Retail
☐ Recycling
☐ Junk/Salvage Yard
☐ Municipal Landfill
☐ Other Landfill

- ☐ DOD
☐ DOE
☐ DOI
☐ Other Federal Facility _____

☒ RCRA

☐ Treatment, Storage, or Disposal

☒ Large Quantity Generator

☐ Small Quantity Generator

☐ Subtitle D

☐ Municipal

☐ Industrial

☐ "Converter"

☐ "Protective Filer"

☒ "Non- or Late Filer"

☐ Not Specified

☐ Other _____

Waste Generated:

- ☒ Onsite
☐ Offsite
☐ Onsite and Offsite

Waste Deposition Authorized By:

- ☒ Present Owner
☐ Former Owner
☐ Present & Former Owner
☐ Unauthorized
☐ Unknown

Waste Accessible to the Public:

- ☐ Yes
☒ No

Distance to Nearest Dwelling,
School, or Workplace:

500 Feet

6. Waste Characteristics Information

Source Type:
(check all that apply)

- ☐ Landfill
☒ Surface Impoundment
☐ Drums
☐ Tanks and Non-Drum Containers
☐ Chemical Waste Pile
☐ Scrap Metal or Junk Pile
☐ Tailings Pile
☐ Trash Pile (open dump)
☐ Land Treatment
☐ Contaminated Ground Water Plume
(unidentified source)
☐ Contaminated Surface Water/Sediment
(unidentified source)
☐ Contaminated Soil
☐ Other _____
☐ No Sources

Source Waste Quantity:
(include units)

100

Tier*:

A

General Types of Waste (check all that apply)

- ☒ Metals ☐ Pesticides/Herbicides
☒ Organics ☐ Acids/Bases
☒ Inorganics ☒ Oily Waste
☒ Solvents ☐ Municipal Waste
☐ Paints/Pigments ☐ Mining Waste
☐ Laboratory/Hospital Waste ☐ Explosives
☐ Radioactive Waste ☐ Other _____
☐ Construction/Demolition
Waste

Physical State of Waste as Deposited (check all that apply):

- ☐ Solid ☒ Sludge ☐ Powder
☐ Liquid ☐ Gas

* C = Constituent, W = Wastestream, V = Volume, A = Area

GROUND WATER PATHWAY CRITERIA LIST	
SUSPECTED RELEASE	PRIMARY TARGETS
<p>Y N U e o n s k</p> <p><input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> Are sources poorly contained?</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> Is the source a type likely to contribute to ground water contamination (e.g., wet lagoon)?</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> Is waste quantity particularly large?</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> Is precipitation heavy?</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> Is the infiltration rate high?</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> Is the site located in an area of karst terrain?</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> Is the subsurface highly permeable or conductive?</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> Is drinking water drawn from a shallow aquifer?</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> Are suspected contaminants highly mobile in ground water?</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> Does analytical or circumstantial evidence suggest ground water contamination?</p> <p><input type="checkbox"/> <input type="checkbox"/> Other criteria? _____</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> SUSPECTED RELEASE?</p>	<p>Y N U e o n s k</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> Is any drinking water well nearby?</p> <p><input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> Has any nearby drinking water well been closed?</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> Has any nearby drinking water user reported foul-tasting or foul-smelling water?</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Does any nearby well have a large drawdown or high production rate?</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> Is any drinking water well located between the site and other wells that are suspected to be exposed to a hazardous substance?</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> Does analytical or circumstantial evidence suggest contamination at a drinking water well?</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> Does any drinking water well warrant sampling?</p> <p><input type="checkbox"/> <input type="checkbox"/> Other criteria? _____</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> PRIMARY TARGET(S) IDENTIFIED?</p>
<p>Summarize the rationale for Suspected Release (attach an additional page if necessary):</p>	<p>Summarize the rationale for Primary Targets (attach an additional page if necessary):</p>